

Introduction

Thank you for choosing the Reliability Training Institute.

Please complete sections 1 to 3, noting:

- The 'Customer' is the person/company paying for the course
- The 'Student' is the person taking the course
- If you are both the 'Customer' and the 'Student', complete all sections

When completed, print or save the form to a PDF and send it to wendy@rms-reliability.com. To complete the form online we recommend using Adobe Acrobat Reader.

Section 1: Customer details

1. Organisation Name	
2. Customer First Name	
3. Customer Surname	
4. Position / Role	
5. Address Line 1	
6. Address Line 2	
7. City / Province	
8. County / State	
9. Country	
10. Postcode	
11. Customer Email	
12. Customer Phone	
13. Customer Fax	
14. Invoice Address <i>(if different than above)</i>	

Section 2: Payment details

15. Payment Method	<input type="radio"/> Pro-forma invoice <input type="radio"/> Purchase Order Invoice <input type="radio"/> Credit Card (+ 2.5% on commercial credit cards)
16. Purchase Order Number <i>Please send a copy of the PO to wendy@rms-reliability.com</i>	
17. Credit Card Number <i>If you prefer to speak to our Accounts department, call +44 (0)1206 791917</i>	
18. Expiry Date	
19. CCV No. <i>Three digits on the back of the card</i>	
20. Booking Authorisation <i>Type your full name; in doing so, you are authorising the booking and payment and agreeing to the Terms and Conditions.</i>	

Booking calculator

No. of Students	Exam Fee (£)	Total Exams (£)
No. of Students	Course Fee (£)	Total Courses (£)
Total Fees (£)		

Exam and course fees can be found in the Training Brochure. Prices exclude VAT.

Section 3: Student Details

THE EXPERIENCE SECTION **MUST** BE COMPLETED FOR **EACH** STUDENT

If you need to register more than 5 students please complete a separate registration form; if Sections 1 & 2 remain the same, you only need to complete the first field: 1. Organisation Name in Section

***Registration cannot be completed without the Date of Birth for each student.**

Bronze	Silver	Gold
Printed course materials		
Add a Postal Address for each student		
1-Year Cont. Education		

Course
Date
 iLed
 Public
 Onsite
 Self-Paced

First Name	Surname	Email+Phone	*Date of Birth	Experience, Mobius ID (if known), <i>Provide a short summary to support your registration e.g. time-served, industries, qualifications, job role</i>	Choose Exam <i>BINDT, Mobius or No Exam</i>